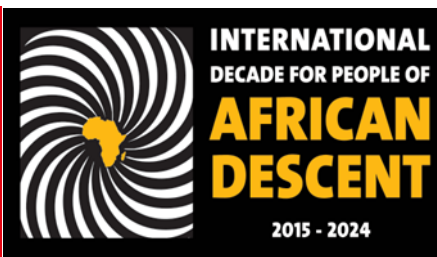


**ADDENDUM TO THE REPORT ON  
KEY ACHIEVEMENTS REALIZING THEMATIC OBJECTIVES OF  
THE INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT:  
THE IMPACT OF COVID-19 PANDEMIC ON AFRICAN DIASPORA COMMUNITIES**

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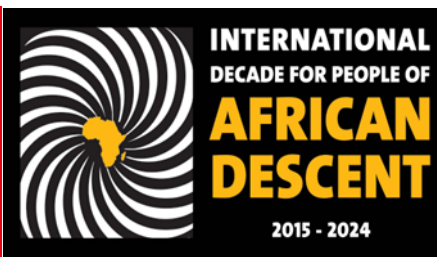


## INTRODUCTION

In a recent BBC radio interview, former British Prime Minister Gordon Brown stated, “global problems need global solutions (...) the only way out of the fiscal crisis is through global action.” This addendum summarizes the impact of the COVID-19 global pandemic, in relation to achievement of IDPAD’s thematic objectives, and **Sustainable Development Goal (SDG) 10 of the 2030 Agenda for Sustainable Development**, which aims to reduce inequality within and between countries. The impact of COVID-19 otherwise known as novel coronavirus, highlights Afrophobia/Afriphobia within the UN OHCHR Region of Europe, Central Asia, and North America. Rojas Davila (in Carneiro, 2018, pp.11-12) considers it “fundamental to perceive IDPAD as the perfect opportunity to debate racism (...) repositioning the question of race at the centre of the regional agenda on human rights”. Wilson (2017, pp.432-433) also argues, it is essential to re-centre race in dominant discourses challenging inequality and racialization of material development processes for the achievement of the SDGs.

According to John Hopkins Coronavirus Resource Centre, countries within this Region are amongst those with the highest mortality or case fatality rates for novel coronavirus, which reflects the number of deaths in a population divided by the number of confirmed cases. Notably Belgium (13.4%), Italy (13%) and the UK (12.8%) had the highest COVID-19 mortality rates in April 2020. Moreover, Afrikan communities are statistically shown to be disproportionately affected. For example, In New York which is deemed to be the epicentre of the global pandemic, of 90 % state-wide reporting, 18 % of deaths have been Black people, who account for only 9 % of the state’s population. In New York City with 65% reporting, 28 % of deaths have been Black people, who account for 22 % of the urbanism’s population, (Cineas, 2020). In Illinois, Black people were 42 % of fatalities but are only 14.6 % of the state’s population; whilst in the city of Chicago, we represented approximately 70 % fatalities and more than 50 % of cases but are approximately 30 % of the urbanism’s total population” (Cineas, 2020). Similarly, the mortality rate for Black people in Louisiana was more than 70 %, whereas the state population is approximately 33 % PAD.

UK statistics also highlight disproportionately high COVID-19 infection rates amongst Black people in British urbanisms with sizeable Black, Asian, and Minority Ethnic (BAME) populations, such as Birmingham and the London Borough of Brent. “The issue of race is (therefore) central to tackling the virus and without a purposeful, intersectional approach centring on BAME communities, the current outbreak will lead to severe consequences and further entrench racial inequalities” (BSWN, 2020). In that regard, the International Coalition of People of African Descent (ICPAD) facilitated knowledge exchange on the impact of the deadly coronavirus pandemic on Afrikan (African diaspora)



communities globally. These narratives give agency to invisible Afrikan communities, that enables IDPAD's achievements and challenges to be shared and amplified across different structures and processes, e.g. with reference to the **International Convention for the Elimination of all forms of Racial Discrimination (ICERD) 1965**, and **Durban Declaration and Plan of Action (DDPA) 2001**.

## RECOGNITION

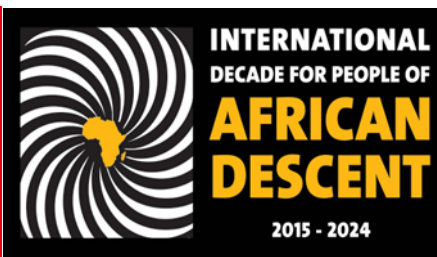
“With the world mobilizing to combat the spread of COVID-19, many countries are rightly adopting exceptional measures (...) for many people around the world, everyday life has come to a standstill, or is being transformed in ways that we had never envisaged,” (Grandi, 2020). The global COVID-19 pandemic and ensuing “lockdown” of many western economies, highlights unequal access to social, economic, and cultural rights within the UN OHCHR Region of Europe, Central Asia and North America. In that regard, disproportionately high infection and mortality rates for PAD were highlighted by ICPAD narratives from the USA and UK. For example, in the UK this is blamed on PAD unequal access to health, housing, and employment opportunities. “Black African and African Caribbean people have higher rates of hypertension compared to other ethnic groups; BAME groups overall are also six times more likely to develop diabetes compared to white British people” (Haque, 2020). Co-morbidity as a result of these and other underlying health conditions is argued to contribute to disproportionately higher COVID-19 infection and mortality rates of PAD. Haque (2020) also attributes higher COVID-19 infection and mortality rates in the UK's Afrikan communities, to overcrowding in housing; e.g. 15% of Black Africans live in homes where there are more people than rooms, in comparison to 2% of their white peers. They are therefore less able to social distance and self-isolate. Moreover, Afrikan communities have lower rates of home ownership and higher numbers in rented accommodation. As a result, “Black people make up 24% of homeless households despite being 6% of the City of Bristol's population (BSWN, 2020).”

Similarly, Braveman (2020) contends

“COVID-19 deaths in the U.S. mirror profound and pervasive differences in Blacks' experiences from cradle to grave as a result of racism. Racism includes not only overt interpersonal incidents of unfair treatment; it includes ambiguous incidents and pervasive worry or vigilance in anticipation of an incident. All of these experiences are stressful, and (...) takes a toll on the body, producing inflammation and immune system dysfunction, which could affect one's vulnerability to contracting and dying from COVID-19”.

Moreover,

“residential segregation systematically tracks U.S. Blacks into disadvantaged areas with many unhealthy exposures, including pollution, substandard housing, poverty, and daunting obstacles to escaping from poverty (...) these disadvantages



would heighten vulnerability to infection, illness, severe illness, and/or death, through known physiological mechanisms. Moreover, Blacks, being disproportionately poor due to centuries of disenfranchisement and exclusion, are more likely to be exposed to the virus at work and/or on crowded public transportation” (Braveman, 2020).

Disaggregated equality data collection and analysis in the UK and USA, therefore, demonstrably enables disproportionately high COVID-19 infection and case fatality rates of PAD to be identified and analysed, in accordance with **UN GA Res. 68/261**. Notably, whereas some countries e.g. Belgium account for COVID-19 fatalities in care homes in their datasets, others including the UK do not. This contributes to irregularities in data analysis. Even where disaggregated equality data is not publicly available, disparities have been identified. For example, civil society lobby on behalf of PAD incarcerated by border controls, who remain unaccounted for; “very few protective measures are foreseen for asylum seekers detained in administrative detention centres” (Peyres, 2020).

An ICPAD teleconference participant from Spain reported lockdown measures are perceived as “confinement,” and another from Belgium which has the highest mortality rates for novel coronavirus globally, attributed this to poor communication. This contributed to PAD representing three-fifths of COVID-19 patients in a hospital in the Belgian city of Liege; the city’s Mayor blamed this on PAD failing to comply with lockdown guidelines. Peyres (2020) also argues, in France foreigners are excluded by COVID-19 national confinement measures although lockdown instructions clearly recommend “protecting the vulnerable.” Similarly, in the USA, undocumented migrants and permanent residents for less than five years, are excluded from Medicaid, if they contract the virus. Moreover, Afrikan migrants are often employed in Europe and the Americas, as domestics and agricultural workers, or in the informal economy as street and market vendors. State parties are therefore reportedly failing to achieve **SDG Target 8.8**, i.e. to protect labour rights and promote safe and secure working environments for African migrant workers, especially women migrants and others in precarious employment. For example, COVID-19 victims and fatalities amongst essential staff in the UK have been identified as members of African migrant communities. “Low-paid, BAME and migrant women currently putting their lives on the line to deliver vital care, were previously told they are low-skilled and therefore undeserving of settled immigration status, liveable wages or stable contracts,” (Farah, 2020). Socioeconomic marginalisation of Afrikan migrants is therefore exacerbated by the pandemic, e.g. increasing food insecurity and food poverty of migrant families who cannot work, because “we all must limit the number of people with whom we are in contact each day,” (Peyres, 2020).

For some African diaspora economies and individuals, the global economic crisis associated with the deadly COVID-19 pandemic and lockdown, could prove more fatal than the virus itself. North American narratives from the ICPAD teleconference highlighted the economic decline of Black small business in the USA and Mexico as a result of the lockdown. An academic from Washington D.C. reported, “Black



enterprise were already on the edge, and although some banks have provided relief funds to small business, our communities have been late in getting information and access in comparison to their white counterparts”. Similarly, a participant from Mexico reported

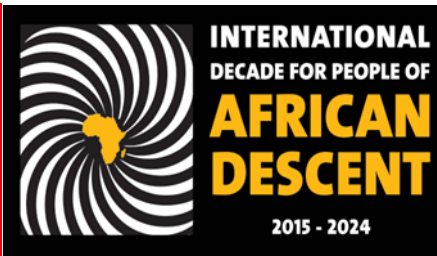
“Afro-Mexican populations were not in the best economic stance before the crisis, so many families have now spent all their savings and have no way of working. Many Afro-Mexicans depend on the tourism industry, but local militias and community policemen block access to their communities in order to prevent the spreading of the virus”.

The tourism industry of many Caribbean countries has also reportedly collapsed, and it was suggested by a Pan Africanist participant in the teleconference, that we need to think about how these economies can be diversified. Moreover, British Commonwealth countries with links to African diaspora communities in the UK on whom they rely for remittances, are adversely affected by the lockdown in the UK. Inequality of access to third generation rights to self-determination and development, as well as second generation social, economic and cultural rights therefore demonstrably marginalises the Region’s African diaspora communities. For example, the UK government published its’ multi-billion package of economic measures to support the economy. However Black Britons are predicted to be less likely to weather any economic fallout resulting from the COVID-19 pandemic because they are twice as likely to be in precarious employment, including zero hour and agency contracts (Haque, 2020). “They will remain disproportionately adversely impacted by the lockdown, because they will not qualify or be sufficiently covered by the government’s wage-support scheme, mortgage-holiday package, Statutory Sick Pay or means-tested Universal Credit programmes,” (Haque, 2020).

## JUSTICE

The Government of Portugal was recently commended by the Greek Forum of Migrants (2020), for taking measures to protect refugees and migrants’ fundamental rights to health and welfare during the COVID-19 pandemic, including where asylum procedures have not been completed. Other state parties’ responses to the pandemic often illustrate the recent rise of nationalist discourse in western economies; Esther Ojulari, the ICPAD teleconference moderator informed participants of reports of heightened Afrophobia against Afrikan migrants globally. “At this time, when we all wear masks for our protection, it seems like many "masks" are falling” (Greek Forum of Migrants, 2020). In that regard, Peyres (2020) critiques French President Emmanuel Macron for communicating “a feeling of belonging to a single national community that (...) prioritises protection measures according to membership of this national community and de facto excludes vulnerable categories of foreigners from national containment measures.” Similarly, the Greek Forum of Migrants (2020) contends they “do not have the right to live as Greek citizens live (...) neither in health nor in welfare, nor in work, nor in education, nor in society and culture, nor in life, not even in death.” This exclusion from universal human rights of vulnerable Afrikan migrants by state parties illustrates social injustice.





“As most determinants of health are socially created, it logically follows then that the fact that socioeconomic deprivation disproportionately affects BAME people will be a precursor to the impact of the virus on those communities” (BSWN, 2020). State parties have demonstrably failed to implement **SDG Target 16.b**, i.e. to enforce non-discriminatory policies that achieve social justice and equality for marginalised, “invisible” Afrikan communities. For example, in the UK “we need to suspend NHS charges (for non-documented migrants), support detained migrants and overall, understand the significant racial disparities not only in the virus but in the government’s lockdown strategies,” (BSWN, 2020). Similarly, in France,

“Migrants who are homeless also represent a particularly vulnerable category of individuals (...) more than 3,500 people are currently on the streets in the Île-de-France region, without access to accommodation or medical and social support. 500 people in the commune of Aubervilliers have taken refuge in a tent camp without access to water or waste management. Dozens of other camps exist in Île-de-France without any public aid for families with children,” (Peyres, 2020).

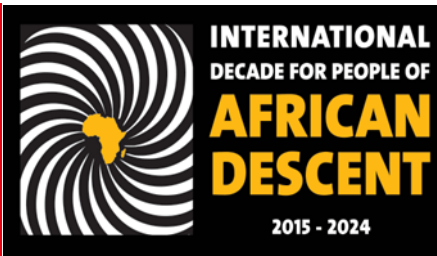
The proposed **UN Declaration on the promotion and full respect of human rights for people of African descent** is therefore imperative to strengthen PAD’s access to universal human rights. First, second, and third generation rights must be protected for

“both (AfriKan) migrants and refugees who are pending applications for residence or asylum permits, as well as the irregular migrants, the invisible ones: undocumented women working indoors, in houses or hospitals, workers, also undocumented, in construction, catering services and restaurants, farming, etc,” (Greek Forum of Migrants, 2020).

The Declaration must defend and re-assert the DDPA 2001 which recommends state parties ensure,

“migrants, regardless of their immigration status, detained by public authorities are treated with humanity and in a fair manner, and receive effective legal protection and, where appropriate, the assistance of a competent interpreter in accordance with the relevant norms of international law and human rights standards, particularly during interrogation” (World Conference Against Racism, 2002).

For example, mainstream media in the USA and U.K. report an increase in complaints of domestic violence against women, children, LGBTQ+, and other vulnerable groups, resulting from confinement of household members due to the pandemic and its’ resulting lockdown. These breaches of first-generation civil rights must be addressed in the proposed Declaration with reference to relevant international norms, e.g. the Convention on Elimination of Discrimination against Women (CEDAW).



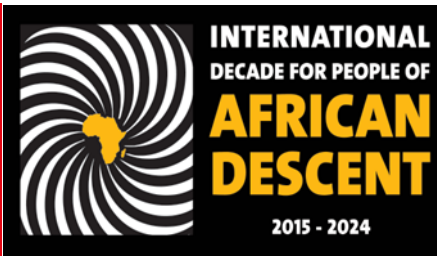
Black males have disproportionately high COVID-19 infection and mortality rates but remain vulnerable to Afrophobia including stereotyping by law enforcement, which allegedly discourages many from wearing protective face masks. Moreover, a Black doctor in Florida, and a Black Mancunian, were wrongly arrested on suspicion of breaching lockdown measures in the USA and UK, whilst trying to assist self-isolating community and family members. "Xenophobic and racist actions have also been reported against African and African American communities in Guangzhou, China" (Harvard Centre for African Studies, 2020). Besides novel coronavirus and possible future pandemics, the Declaration must therefore consider global risks posed by urban migration, climate change, environmental pollution and degradation. Social determinants of health such as poverty and Afrophobia, as well as culture-related issues must be addressed by public bodies. For example, "BAME households are often multi-generational and self-isolation is therefore not the only answer to protect the elderly" (BSWN, 2020). Furthermore, co-morbidity where underlying health conditions is claimed to contribute to disproportionately high COVID-19 case fatality rates, does not abrogate statutory obligations to address Afrophobia in accordance with ICERD 1965 and DDPA 2001. Bearing in mind the ethnocide, dispossession, and capitalistic overexploitation of Afrikan peoples, the Declaration should therefore include reference to the COVID-19 pandemic, in claims for reparative justice made by descendants of enslaved and colonised Africans.

## DEVELOPMENT

Achieving IDPAD's thematic objective of development requires acknowledgement of global challenges posed by the COVID-19 pandemic, e.g. the likelihood of a resulting global economic crisis in the short-term. This demonstrates the importance of achieving **SDG 10**, i.e. reducing inequality.

"Globally, the pandemic will persist as long as more vulnerable nations and populations within nations are marginalized and excluded from state-of-the-art approaches to containment. This pandemic is exacting a staggering toll in human and economic terms" (Braveman, 2020).

In that regard, ICPAD narratives from various countries highlighted the need for education on COVID-19, to increase awareness of marginalised Afrikan communities globally. **SDG 4** is an over-arching goal of the 2030 Agenda that advocates inclusive quality life-long education for all. **Resolution 69/16** also identifies education as key to implementing IDPAD's Programme of Action (UNGA, 2014, p.9). Notably, NGOs in the USA, Belgium, and Spain held conference calls with community representatives they worked with, on how to mitigate the impacts of the virus, promote understanding of the seriousness of the virus, and follow prevention regulations. The UN, ENAR, the UK's Runnymede Trust, educational institutions and local NGOs in Bristol, also published COVID-19 online bulletins. Research, data collection, and community engagement are therefore advocated by this paper, as responses and actions to address causes and effects of the pandemic, through networking, knowledge exchange, community participation, and community empowerment. This work can also contribute to developing the proposed **UN Permanent Forum for People of African Descent**.



*Networking* enables interventions by civil society, to promote and protect universal human rights of Afrikan communities, in their countries of origin, transit countries and destination countries. For example, riots in French “banlieues” following enforcement of lockdown measures in Paris, illustrate the state party’s demonstrably inadequate implementation of **SDG 16** Targets to achieve peace, justice, and good governance. In response to health threats posed by immigration to France, Peyres (2020) advocates

“if health risks are identified, screening arrangements can be put in place, together with testing, quarantine and other measures (...) to manage the arrival of asylum seekers and refugees in a safe manner, while respecting international refugee protection standards designed to save lives.”

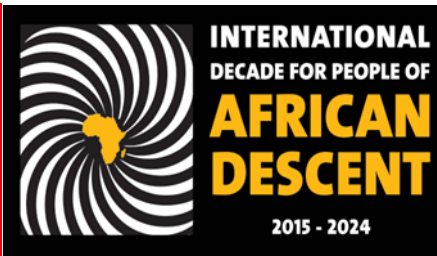
Networking is essential to raise awareness where breaches of universal human rights occur, and can enable collaboration between Afrikan-led organisations, state parties, and human rights bodies.

*Knowledge exchange* between academics, civil society, and other policymakers enables problem-solving in response to social, economic and environmental impacts of novel coronavirus. We have already begun to speak of potential changes to the way we work and conduct our daily lives, i.e. a new normal or new reality which we must contribute to shaping. Black health activist Farah (2020), reports “70% of front-line workers who have died are BAME, and they make up 34 percent of the critically ill patients.” Notwithstanding, an all-white management team for London’s Nightingale Hospital was recruited, despite the hospital’s location in the most diverse European local authority, and BAME staff comprising approximately 50% of London’s NHS staff, (Farah, 2020). In France, civil society is at the forefront in raising awareness of socioeconomic marginalisation of vulnerable foreigners that has been exacerbated by adverse effects of the pandemic (Peyres, 2020). State parties’ implementation of **SDG Targets 10.2, 10.3 and 16.b**, in accordance with ICERD 1965, and the DDPA 2001, must protect the universal human rights of our communities which are disproportionately vulnerable. Public bodies should therefore collaborate with Afrikan civil society, in implementing containment measures to halt spread of novel coronavirus in affected countries throughout the Region. “We should be part of the response, delivery, strategy and leadership from early on in the debate,” as stated by a representative of the BAME sexual health NGO, NAZ in a teleconference hosted by the Ubele Initiative in the UK.

On the other hand, the positive impact on urban environments in some countries following COVID-19 lockdown measures, e.g. Venice in Italy, demonstrates need for environmental activists’ dynamism in response to opportunities posed. In that regard, reduced environmental pollution resulting from lockdowns demonstrate,

“social science insights can help to nuance assumptions behind mathematical models and to track unintended consequences of public health measures. It is





furthermore important to analyse what assumptions frame policies, and the biopolitical implications of such policies” (Leach, 2020).

Future collaboration between public, private, and third sector stakeholders should seek to maintain less polluted urban environments, further reduce carbon emissions, and pay special attention to air quality, to achieve sustainable urbanisms in accordance with **SDG 11** of the 2030 Agenda.

*Community participation* of the African diaspora is also an imperative response to social, economic, and environmental threats posed by the COVID-19 pandemic and its ensuing lockdown. This is in accordance with **SDG Target 16.7** that advocates community participation for inclusive, dynamic, and efficient policy development and decision-making.

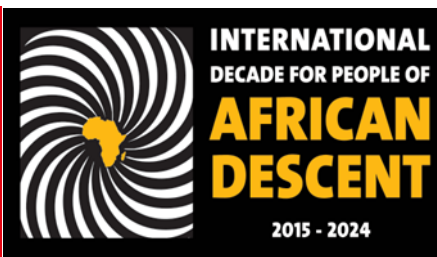
“Ongoing analysis of the narratives emerging about outbreaks and about disease response – whose voice is dominant and what power dynamics are at play – remains critical, as is analysis of the longer term social, political and economic impacts of epidemics” (Leach, 2020).

Undoubtably, Afrikan communities are adversely and disproportionately impacted by the pandemic, because of our historic and contemporary vulnerabilities as a result of Afrophobia. However, the “comorbidities proposition (which) essentially suggests that the vague social construct of race is an adequate explanation for mortality and morbidity in diverse populations” is not universally acceptable (Farah, 2020) and (Yancy, 2020). An alternative explanation being that,

“pernicious effects of adverse social determinants of health, and the absence of privilege that does not allow a reprieve from work without dire consequences for a person’s sustenance, does not allow safe practices, and does not even allow for 6-foot distancing,” (Yancy, 2020).

It therefore remains unquestionable that these communities are vital stakeholders for policy development and policy implementation to address causes and effects of the COVID-19 pandemic.

*Community empowerment* is central to discourse on the achievement of IDPAD’s thematic objectives, and likelihood of further fiscal austerity resulting from the global pandemic and lockdown. Fully disaggregated statistical data advocated by **SDG Target 17.18** can enable state parties to be held accountable for alleged disparities. For example, to have real effect, real time data collection must include daily updates on ethnicity (...) to identify irregularities that hinder protection of ethnic minorities from COVID-19, (Rimmer, 2020). Intersectionality between ethnicity and gender, or age is illustrated by African Americans COVID-19 mortality rates. Fully disaggregated equality data is therefore required to monitor the ethnicity of victims in countries with high mortality rates and sizeable Afrikan populations, such as Belgium, France, Spain and Italy.



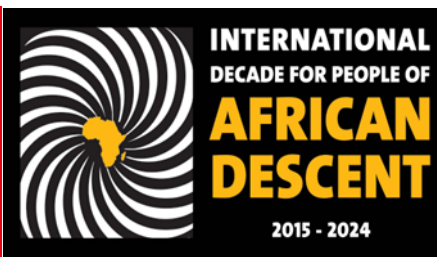
## SUMMARY

The COVID-19 global pandemic poses additional challenges for NGOs, academics and other stakeholders working towards reparatory justice, as well as those promoting universal human rights of vulnerable Afrikan groups including women, migrants and prisoners in continuing this work. Breaches of first generation civil and political rights, second generation social, economic and cultural rights, and third generation rights to self-determination and development continue to marginalise Afrikans, with new threats of increased co-morbidity and further socioeconomic exclusion. In that regard, IDPAD's thematic objectives provide a normative framework to address COVID-19 through the lens of ICERD 1965, the DDPA 2001, and the 2030 Agenda for Sustainable Development. ICPAD therefore represents an achievement of IDPAD that enables networking, knowledge exchange, and collaboration to put our perspectives and understanding of the global pandemic on the radar of key players. This also facilitates knowledge creation and policy development to address Afrophobia.

Notably, the situation of Black prisoners was highlighted by various ICPAD narratives as contentious, as equality data for this vulnerable group is not included in COVID-19 infection and mortality rates. Other examples of statistical irregularities such as indiscriminate use of the acronym BAME by mainstream media and other sources reporting infection and case fatality rates, also illustrate state parties' inadequate implementation **SDG Target 17.18**. Moreover, equality data on ethnicity is unavailable from some countries, e.g. Mexico where the Afro-Mexican population is reportedly vulnerable to further socioeconomic marginalisation as a result of the pandemic. These statistical irregularities highlight

“There need to be continued advocacy for a broader incorporation of social science expertise in key decisions making bodies about epidemic preparedness and response. This involves also working to shift the understandings of health policy makers to see the value of social science” (Leach, 2020).

I therefore recommend that the global discourse on reparations also consider the cause and effects of the global pandemic in African diaspora communities within the UN OHCHR Region of Europe, Central Asia, and North America. Furthermore, the United Nations, regional public bodies, and state parties should imperatively recognise urgency for establishing **the Permanent Forum for people of African descent**, and **UN Declaration on the promotion and full respect of human rights for people of African descent**. These represent an appropriate structure and process to address the COVID-19 pandemic and other global issues that demonstrate Afriphobia/Afrophobia.



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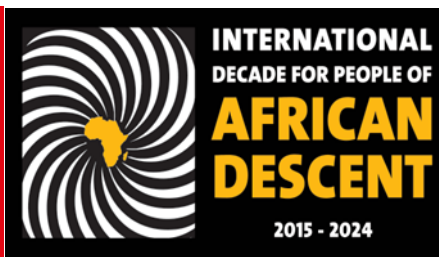
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